

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Nurses Association PAC

ADDRESS (number and street)

8515 Georgia Avenue

Suite 400

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00017525

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sylvia Weber

Signature of Treasurer

Sylvia Weber

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		80031.35
(b) Cash on Hand at Beginning of Reporting Period.....	170282.07	
(c) Total Receipts (from Line 19)	17519.77	190290.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	187801.84	270321.84
7. Total Disbursements (from Line 31)	31822.00	114342.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	155979.84	155979.84
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2015

To:

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3555.00

52508.04

(ii) Unitemized

13964.77

136782.45

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

17519.77

189290.49

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

17519.77

189290.49

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

1000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

17519.77

190290.49

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

17519.77

190290.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	60.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	60.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31050.00	113300.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	772.00	982.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	772.00	982.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	31822.00	114342.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31822.00	114342.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17519.77	189290.49
34. Total Contribution Refunds (from Line 28(d))	772.00	982.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16747.77	188308.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	60.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 6 OF 28
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Mary L. Behrens

Mailing Address 5504 E 22nd St

City

Casper

State

WY

Zip Code

82609-4618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westside Woman's Clinic

Occupation

Family Nurse Practitioner

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2015

Transaction ID : AB8903872A36F435BA56

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. June Como

Mailing Address 53 Fort Hill Circle

City

Staten Island

State

NY

Zip Code

10301-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

College of Staten Island

Occupation

Assistant Professor-Graduate and Clini

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : AAF00C4D7C89D4904B22

Amount of Each Receipt this Period

620.00

Full Name (Last, First, Middle Initial)

C. Karen Daley

Mailing Address PO Box 101

City

Cotuit

State

MA

Zip Code

02635-0101

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Nurses Assn

Occupation

President - American Nurses Associatio

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : A3BFF0F2B89064F528F5

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

1170.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 28
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Margie L. Dorman-O'Donnell

Mailing Address 6729 Rolling Hills Dr

City

North Richland Hills

State

TX

Zip Code

76182-4358

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cool Children's medical Center

Occupation

RN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 01 / 2015

Transaction ID : ABCB1E241981F42C4BD0

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. Loretto Hart

Mailing Address 1319 Coldwater Rd NW

City

Dewy Rose

State

GA

Zip Code

30634-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Loretto Hospital

Occupation

Educator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 28 / 2015

Transaction ID : ACA79530BD0B24961BB6

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. Margoline Holmes

Mailing Address 8515 Georgia Ave

City

Silver Spring

State

MD

Zip Code

20910-3403

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOSPITAL CENTAL CONNECTIC

Occupation

Nurse Practitioner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 14 / 2015

Transaction ID : ADB103ED457254F9C803

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

735.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Deanne Lewis

Mailing Address 650 W Robinson Dr

City

Prescott

State

AZ

Zip Code

86303-4802

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

09 / 21 / 2015

Transaction ID : ABAD3ECE6DEE84FBDBD

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Ms. Dorothy M. Meehan RN

Mailing Address 7855 Blvd East Apt 16j

City

North Bergen

State

NJ

Zip Code

07047-5931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Englewood Hospital

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 24 / 2015

Transaction ID : A4865F0DCFF4A4630998

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Roberta K. Olson

Mailing Address 1303 Wahpeton Pass

City

Brookings

State

SD

Zip Code

57006-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Dakota State

Occupation

Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 08 / 2015

Transaction ID : AE6A3CD1CDFEF4054A72

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Donna M. PolICASTRO

Mailing Address 293 Whitford Ave

City

Providence

State

RI

Zip Code

02908-3354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rhode Island Association of Nurses

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	5

Transaction ID : A337121B9DDC64DDA805

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DONNA L. POOLE

Mailing Address 816 Madison Ave N

City

Bainbridge Island

State

WA

Zip Code

98110-1769

FEC ID number of contributing
federal political committee.

C

Name of Employer

Employer Unknown

Occupation

LIAISON NURSE SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	5

Transaction ID : A54743943F8CD4E2EBC3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Julia W. Powell

Mailing Address 3712 Lascassas Pike

City

Murfreesboro

State

TN

Zip Code

37130-6856

FEC ID number of contributing
federal political committee.

C

Name of Employer

NATIONAL HEALTHCARE

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Transaction ID : AA1FF356EA51041E8A25

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Robin Schaeffer

Mailing Address 7438 E Knowles Ave

City

Mesa

State

AZ

Zip Code

85209-6211

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARIZONA NURSES ASSOCIATION

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	1		2	0	1	5		

Transaction ID : A11451F8F7F714E7F842

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. PATRICIA VANMAANEN

Mailing Address 4914 E Aire Libre Ave

City

Scottsdale

State

AZ

Zip Code

85254-9638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pv Health Solutions

Occupation

Health Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9	2	0	1	5		

Transaction ID : A24F206D2D40F47E9BA8

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

3555.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. AL FRANKEN FOR SENATE

Mailing Address PO BOX 583144

City	State	Zip Code
Minneapolis	MN	55458-3144

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Al Franken

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MN District:

Disbursement For: 2020
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

Transaction ID : BB70BF81AC9044777BCE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CICILLINE COMMITTEE

Mailing Address 102 Waterman St Ste 2

City	State	Zip Code
Providence	RI	02906-1170

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. David N. Cicilline

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: RI District: 01

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : BDF2ECBADFBA347BB823

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Courtney for Congress

Mailing Address 38 Risley Rd

City	State	Zip Code
Vernon	CT	06066-5923

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Joe Courtney

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CT District: 02

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : B814B29FC3D3848E6B55

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 S Capitol SE

City	State	Zip Code
Washington	DC	20003-4024

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2015

Transaction ID : BC60B7601024D49ADA8A

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 Maryland Ave

City	State	Zip Code
Washington	DC	20002-5610

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2015

Transaction ID : B6244138DB1724B62B52

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City	State	Zip Code
New York	NY	10016-6823

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Charles E. Schumer

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District:

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2015

Transaction ID : B6724437C503D4709B8F

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Jeff Merkley for OregonMailing Address 888 16th St NW
Ste 570A

City Washington State DC Zip Code 20006-4103

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Jeff A. MerkleyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

Transaction ID : B9EE7BCD15B594C85864

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. JOE KENNEDY FOR CONGRESS

Mailing Address PO BOX 590464

City NEWTON State MA Zip Code 02459

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Joe P. Kennedy IIIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : B06AC22F010FF4F77A88

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Karen Bass for CongressMailing Address 777 S Figueroa St
Ste 4050

City Los Angeles State CA Zip Code 90017-5864

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Karen R. BassOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 37

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : B427E69E81F6A42EA84B

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2015

Mailing Address 425 2nd St NE

City	State	Zip Code
Washington	DC	20002-4914

Purpose of Disbursement
Political Contribution

Candidate Name

Category/
Type**Transaction ID : B4298BA9598914F72A5B**

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Other2015

State: District:

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR PATTY MURRAY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2015

Mailing Address 1602 Belle View Blvd #510

City	State	Zip Code
Alexandria	VA	22307-6531

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Patty MurrayCategory/
Type**Transaction ID : BE4808894CB20411984C**

Amount of Each Disbursement this Period

1000.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WA District:

Full Name (Last, First, Middle Initial)

C. Renee Ellmers for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Mailing Address PO Box 904

City	State	Zip Code
Dunn	NC	28335-0904

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Renee L. EllmersCategory/
Type**Transaction ID : B716F109739444E298D1**

Amount of Each Disbursement this Period

1000.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 02

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Nurses Association PAC

1000.00

31050.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Nurses Association PAC

A. Ms. Myron Abeyta

Mailing Address 1114 Parish St

City	State	Zip Code
Knoxville	TN	37914-5972

Purpose of Disbursement	Refund of unitemized contribution made
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : BCFA0D9C8D79B4DFB96C

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	28.00
25-34	25.00
35-44	22.00
45-54	18.00
55-64	15.00
65-74	12.00
75-84	10.00
85+	5.00

Full Name (Last, First, Middle Initial)

B. Ayodele Akinsuyi

Mailing Address 1490 Front St

City	State	Zip Code
East Meadow	NY	11554-2223

Purpose of Disbursement	Refund of unitemized contribution made
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : BFD54410D5692477FAA8

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Ryclanah Babuk

Mailing Address 1410 1/2 Marquette St

City	State	Zip Code
Racine	WI	53404-2744

Purpose of Disbursement	Refund of unitemized contribution made
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : B55F6ABDC0F7B4D3FA3C

Amount of Each Disbursement this Period

Fruit	Number of People
Apple	8
Orange	6
Banana	4
Watermelon	2

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

52.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Nurses Association PAC

A. Dr. Connie Rae Barker

Mailing Address 13256 Harbor Dr

City	State	Zip Code
Temple	TX	76502-6811

Purpose of Disbursement	Refund of unitemized contribution made
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : BD4B33304CC3E47D89FC

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Donna Baylous

Mailing Address 14210 Silversand Ct

City	State	Zip Code
Houston	TX	77044-2058

Purpose of Disbursement	Refund of unitemized contribution made
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : B75790F4058E04320AF8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Gidget Black

Mailing Address 2023 Queensbury Dr

City	State	Zip Code
Acworth	GA	30102-1783

Purpose of Disbursement	Refund of unitemized contribution made
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
09 23 2015

Transaction ID : B0F4EFD5688874631B05

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

30.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Stephanie Bryson

Mailing Address 24 Shawmut Ter Apt 4

City
FraminghamState
MAZip Code
01702-5979Purpose of Disbursement
Refund of unitemized contribution made

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2015

Transaction ID : B40A9A21D96FA4FF4837

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Margaret Chesnutt

Mailing Address 2063 Oakview Rd SE

City
AtlantaState
GAZip Code
30317-2556Purpose of Disbursement
Refund of unitemized contribution made

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2015

Transaction ID : B8CBB0C3BD2194B00B1F

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Patricia Crespo

Mailing Address 1317 Calle Del Oro

City
El PasoState
TXZip Code
79912Purpose of Disbursement
Refund of unitemized contribution made

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2015

Transaction ID : BF939EF12178B48D9BD2

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Karen Daley

Mailing Address PO Box 101

City	State	Zip Code
Cotuit	MA	02635-0101

Purpose of Disbursement
Refund of unitemized contribution made

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : B25660D44EBFA4F3887E

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mrs. Motunrayo Dipeolu

Mailing Address 2 Gwynn Lake Dr

City	State	Zip Code
Gwynn Oak	MD	21207-6014

Purpose of Disbursement
Refund of unitemized contribution made

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : BA0A5AFC563774A5AB9B

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Liberty East

Mailing Address 2135 Lake Hills Dr Apt 1807

City	State	Zip Code
Kingwood	TX	77339-2308

Purpose of Disbursement
Refund of unitemized contribution made

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : BF6E2F8CB2ED6400FA1E

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

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	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Nurses Association PAC

A. Arlenda Foree

Mailing Address PO Box 1029

City	State	Zip Code
Dolton	IL	60419-7029

Purpose of Disbursement	Refund of unitemized contribution made
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : BA9A56DE5DD014DC7955

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Anthony Gonzales

Mailing Address 18611 N. 22nd St Lot 74

City	State	Zip Code
Phoenix	AZ	85024-3084

Purpose of Disbursement	Refund of unitemized contribution made
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : BF7A573EF1A2A4B20923

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Felicidad Green

Mailing Address 11417 Abner Ave

City	State	Zip Code
Fairfax	VA	22030-6000

Purpose of Disbursement	Refund of unitemized contribution made
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : B5972C56093724D61A0C

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. HealthCore Resource Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Mailing Address 1001 Navaho Dr.
Suite 101

City Raleigh State NC Zip Code 27609-7366

Purpose of Disbursement
Refund of unitemized Corporate Contribution

Candidate Name

Category/
Type**Transaction ID : B425C6E885BB142A582E**

Amount of Each Disbursement this Period

120.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Katherine Hendricks

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Mailing Address 103 Plumstead Ln

City Clemmons State NC Zip Code 27012-9570

Purpose of Disbursement
Refund of unitemized contribution made

Candidate Name

Category/
Type**Transaction ID : B0F07A3F608FE4DFAA2C**

Amount of Each Disbursement this Period

30.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Lashonda Jennings

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Mailing Address 311 Tedmark Ct

City Kankakee State IL Zip Code 60901-4469

Purpose of Disbursement
Refund of unitemized contribution made

Candidate Name

Category/
Type**Transaction ID : B4E2D65A5EF2441F7B07**

Amount of Each Disbursement this Period

10.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Nurses Association PAC

A. Sandra Kappel

Date of Disbursement

Mailing Address 6121 N. Fairfield Ave Apt 2

City	State	Zip Code
Chicago	IL	60659-2698

Transaction ID : B1DF9BE8B53054E1B8BB

Purpose of Disbursement	Refund of unitemized contribution made
-------------------------	--

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Ms. Cheri Kinch

Date of Disbursement

Mailing Address 3308 Preston Rd Suite 350 # 178

09 / 23 / 2015

City	State	Zip Code
Plano	TX	75093-7471

Transaction ID : BB61D2462F955413A853

Purpose of Disbursement	Refund of unitemized contribution made
-------------------------	--

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Tammy Lawson

Date of Disbursement

Mailing Address 26755 State Rd 2

M M / D D / Y Y Y Y
09 23 2015

City	State	Zip Code
South Bend	IN	46619-9795

Transaction ID : B7124FD171FD14071A5E

Purpose of Disbursement	Refund of unitemized contribution made
-------------------------	--

Amount of Each Disbursement this Period

Candidate Name _____

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

70.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Evangeline Manalili

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Mailing Address 3900 Moorpark Ave Apt 56

City	State	Zip Code
San Jose	CA	95117-1815

Transaction ID : BF044700822ED4345991Purpose of Disbursement
Refund of unitemized contribution made

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

Amount	10.00
--------	-------

Office Sought:	Disbursement For:
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

B. Kife McDowell

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Mailing Address 7010 Staffordshire St Apt 336

City	State	Zip Code
Houston	TX	77030-4132

Transaction ID : B6E5BF915A0474881A9APurpose of Disbursement
Refund of unitemized contribution made

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

Amount	10.00
--------	-------

Office Sought:	Disbursement For:
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C. Joan Mills

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Mailing Address 24310 Moulton Pkwy # O-1015

City	State	Zip Code
Laguna Woods	CA	92637-3306

Transaction ID : BEE6049BAC1EA41318B1Purpose of Disbursement
Refund of unitemized contribution made

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

Amount	10.00
--------	-------

Office Sought:	Disbursement For:
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

Amount	30.00
--------	-------

Amount	
--------	--

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Nurses Association PAC



State: District:

MM / DD / YYYY

30.00

State: District:

Amount of Each Disbursement this Period

30.00

State: District:

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	70.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Nurses Association PAC

A. Jennifer Rockweiler

Mailing Address 54 Harrison Ln

City	State	Zip Code
Reedsburg	WI	53959-2510

Purpose of Disbursement	Refund of unitemized contribution made
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : BE14258C375D14015BF0

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Patricia Salefski

Mailing Address 8013 174th Place

City	State	Zip Code
Tinley Park	IL	60477-4528

Purpose of Disbursement	Refund of unitemized contribution made
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

09 / 23 / 2015

Transaction ID : B47F221E6E8ED465F848

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Mrs. Dawn A Steinman

Mailing Address 253 Rd 5800

City	State	Zip Code
Chester	NE	68327-7037

Purpose of Disbursement	Refund of unitemized contribution made
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
09 23 2015

Transaction ID : B3D66999551F44F119E4

Amount of Each Disbursement this Period



SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Age Group	Percentage
18-24	48.00
25-34	42.00
35-44	38.00
45-54	32.00
55-64	28.00
65-74	22.00
75-84	18.00
85+	12.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Nurses Association PAC

Category/
Type

30.00

State: District:

MM / DD / YYYY

Category/
Type

State: District:

Category/
Type

A horizontal scale bar with a maximum value of 10.00. The bar is divided into 10 equal segments, each representing 1.00 unit. The value 10.00 is displayed at the right end of the bar.

State: District:

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	70.00

772.00